



# ALABAMA BOARD OF COSMETOLOGY

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## CHANGE OF OWNERSHIP OF A REGISTERED SALON

Please enclose the following information to complete a Change of Ownership of a Registered Salon:

**1 Return Original salon license (not copy)**

2. This affidavit **must be notarized** and signed by both the currently registered Owner and the new Owner.

3. Copy of new **Owner's Social Security Card and Driver's License**

4. **FEE: \$25.** Salon check or money order only. NO PERSONAL CHECKS ACCEPTED.

Name of Salon \_\_\_\_\_ Type of license \_\_\_\_\_ Record ID# \_\_\_\_\_

Salon Physical Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Salon Mailing Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Date of Change \_\_\_\_\_ Business Phone \_\_\_\_\_ Cell/home Phone \_\_\_\_\_

I (we) hereby certify that I(we) am (are) applying for registration as a registered salon and will abide by the Alabama Law/Rules and regulations promulgated by the Board. I will notify the Board of any changes in owner, location or manager within ten (10) days.

**I am responsible for any and all outstanding and future complaints, fines and/or violations against this salon.**

Previous Owner \_\_\_\_\_ Signature \_\_\_\_\_  
Last Name First

2<sup>nd</sup> Previous Owner \_\_\_\_\_ Signature \_\_\_\_\_  
If applicable Last Name First

New Owner \_\_\_\_\_ Social Security # \_\_\_\_\_  
Last Name First Middle

2<sup>nd</sup> New Owner \_\_\_\_\_ Social Security # \_\_\_\_\_  
If Applicable Last Name First Middle

Today's Date \_\_\_\_\_ All New Owner's Signature \_\_\_\_\_

Sworn to and subscribed before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

\_\_\_\_\_ My subscription expires: \_\_\_\_\_.

Notary Public

\*\*\*Put information on back page if more than two owners\*\*\*

### ABOC USE ONLY

CK# \_\_\_\_\_ Type \_\_\_\_\_

Fee \_\_\_\_\_ LtChg \_\_\_\_\_ Total \_\_\_\_\_

Date Acct \_\_\_\_\_ By \_\_\_\_\_